

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2481AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/09/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATRIA SUTTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3185 E FLAMINGO ROAD LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p><b>Initial Comments</b></p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 10/08/08 and 10/09/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 142 total beds.</p> <p>The facility had the following category of classified beds: Category 2 - 142 beds</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with mental retardation, and/or persons with mental illness, and/or persons with chronic illnesses.</p> <p>The census at the time of the survey was 106. 25 resident files were reviewed, including 1 closed file. Ten employee files were reviewed.</p> <p>There was 1 complaint investigated during the survey: CPT#NV16485: Not Substantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p><i>Acceptable POC</i> <i>12/19/08</i> <i>PSH</i></p> <p><b>RECEIVED</b> <b>DEC 19 2008</b> BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Linn Thome, R.F.A</i>	<i>administrator</i>	<i>12/18/08</i>

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Y 103	Continued From page 1	Y 103		
Y 103	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p> <p>NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed</p>	Y 103		

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Y 103	<p>Continued From page 2</p> <p>in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis</p>	Y 103		

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Y 103	<p>Continued From page 3</p> <p>screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review, the facility failed to ensure 3 of 10 employees had the required Tuberculin screening test or a physician certification that the employee was in a good state of health, was free from active Tuberculosis (TB) and any other disease in a contagious stage (Employee #3, #5, #9).</p> <p>Findings include:</p> <p>1. Employee #5 - Date of hire 4-14-08 The employee's file did not contain documentation the employee completed the required two-step TB skin testing</p> <p>The employee's file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage.</p> <p>2. Employee #9 - Date of hire 6-18-07 The employee's file contained proof the employee tested positive for TB on 6-6-07 and a negative</p>	Y 103	<p>Y103</p> <p>Employee #5 completed the required two-step TB skin testing on 11/24/08 (Exhibit A-1). The employee's physical examination was completed on 4/10/08 (Exhibit A-1a).</p> <p>Employee #9 had a symptom check performed on 11/27/08. (Exhibit A-2). The employee's physical examination was completed on 6/4/07 (Exhibit A-2a).</p>	

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Y 103	Continued From page 4  chest x-ray report dated 6-6-07. The file did not contain a TB symptom surveillance form for June 2008.  The employee's file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage.  3. Employee #3 - Date of hire 4-09-07 The employee's file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage.  Severity: 2 Scope: 3	Y 103	YA103  Employee #3 received a physical on 12/11/08 (Exhibit A-3).  The community's Business Director of the Facility will review each new employee hire packet to ensure that documentation of proper TB testing is obtained prior to commencement of employment. The Regional Business Director will conduct periodic audits of the employee files to ensure compliance with annual testing.	
Y 152	449.204(2) Insurance-BLC endorsement  NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure Bureau of Licensure and Certification (BLC) endorsement providing for a notice of 30 days to BLC before the effective date of a	Y 152		

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Y 152	Continued From page 5 cancellation or nonrenewal of the policy.  Findings include:  The Certificate of Liability Insurance policy dated 7/22/08 did not contain an endorsement notifying 30-day cancellation or nonrenewal to the BLC.  Severity: 1    Scope: 1	Y 152	Y152  A certificate of insurance containing an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy has been obtained (Exhibit B).	
Y 251	449.217(2) Storage of Food-Perishable foods refrigerated  NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure proper storage of perishable foods.  Findings include:  Perishable foods were stored in a refrigerator at a temperature above 40 degrees Fahrenheit. On 10/08/08 at 9:00 AM the reading of the kitchen walk in refrigerator thermometer displayed a reading of 46 degrees Fahrenheit. Upon rechecking the thermometer at 10:30 AM, the temperature remained at 46 degrees.  Severity: 2    Scope: 3	Y 251	Y251  The refrigerator in question was repaired on 10/09/08 and retested by the repair technician on 10/15/08 (Exhibit C).  The Food Services Director of the Facility will regularly monitor by means of a maintenance checklist the refrigerator temperatures in the food service areas to ensure compliance with required temperatures.	

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YA930	Continued From page 6	YA930		
YA930	449.2749(1)(a-j) Resident File  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief	YA930		

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YA930	<p>Continued From page 7</p> <p>description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <ul style="list-style-type: none"> <li>(1) Upon the admission of the resident;</li> <li>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</li> <li>(3) In any event, not less than once each year.</li> </ul> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to provide a complete file with tuberculin testing and physical examination results for 13 of 25 residents (Resident #1, #2, #3, #4, #5, #10, #11, #12, #16, #17, #22, #23, #25).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted 9/26/07 with diagnoses including Memory Loss, Hypertension, Osteoarthritis, Rheumatoid Arthritis, Osteoporosis. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 9/28/07.</p> <p>Resident #2</p>	YA930	<p>YA930</p> <p>An annual physical examination was completed on resident #1 was completed on 10/22/08 (Exhibit D-1).</p> <p>An annual physical examination was completed on Resident #2 on 10/31/08 (Exhibit #D-2)</p>	

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YA930	Continued From page 8  Resident #2 was admitted 6/17/07 with diagnoses including Rheumatoid Heart Disease, Post Aortic Valve Replacement. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 6/7/07.  Resident #3  Resident #3 was admitted 4/16/04 with diagnoses including Coronary Artery Disease, Hypertension. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 1/25/07.  Resident #4  Resident #4 was admitted 1/8/07 with diagnoses including Memory Loss (short term memory), Depression, Hypertension, Osteoporosis, Glaucoma, History of Endometrial Cancer. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 9/28/07.  There was no documentation of annual tuberculin testing following the initial 2-step Mantoux tuberculin skin test dated 1/22/07, 0 mm results.  Resident #5  Resident #5 was admitted 10/28/03 with diagnoses including Disease Breast Fibrocystic Disease, Carotid Artery Stenosis Disease, Cataract, Congestive Obstructive Pulmonary Disorder (COPD), Coronary Artery Bypass Graft, Coronary Artery Disease, Dementia of unknown etiology, Gastro Esophageal Reflux Disease	YA930	An annual physical examination was completed on Resident #3 on 10/14/08 (Exhibit D-3).  An annual physical examination was completed on Resident #4 on 10/13/08 (Exhibit D-4).  An annual physical examination was completed on Resident #5 on 10/10/08 (Exhibit D-5).	

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YA930	<p>Continued From page 9</p> <p>(GERD), Hiatal Hernia Disease, Hyperlipidemia, Hypertension, Osteoarthritis, Osteoporosis, Disease Peripheral Vascular Disease. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 4/6/07.</p> <p>Resident #10</p> <p>Resident #10 was admitted 7/13/07 with diagnoses including Hypertension, Breast Cancer, Osteoporosis, Hypothyroidism, GERD, Disequilibrium. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 6/2/07.</p> <p>Resident #11</p> <p>Resident #11 was admitted 3/3/07 with diagnoses including Hypertension, Paroxysmal Atrial Fibrillation, Congestive Heart Failure, Carotid Artery Stenosis. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 3/3/07.</p> <p>Resident #12</p> <p>Resident #12 was admitted 6/29/05 with diagnoses including Hypertension, Left Breast Cancer - Post Mastectomy, Anemia, Cardiac Murmur. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 2/28/07.</p> <p>Resident #16</p> <p>Resident #16 was admitted 5/26/06 with</p>	YA930	<p>An annual physical examination was completed on Resident #10 on 12/11/08 (Exhibit D-6)).</p> <p>An annual physical examination was completed on Resident #11 on 12/16/08 (Exhibit (Exhibit D-7).</p> <p>An annual physical was completed On Resident # 12 on 12/11/08 (Exhibit D-8)</p>	

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YA930	<p>Continued From page 10</p> <p>diagnoses including Cognitive Dysfunction, Seasonal Allergies- Asthma-like, High Blood Pressure, Osteoporosis. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 5/2/07.</p> <p>Resident #17</p> <p>Resident #17 was admitted 8/1/00 with diagnoses including Hypothyroidism, Hypertension, Shoulder Rotator Cuff Tear. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 1/19/07.</p> <p>Resident #22</p> <p>Resident #22 was admitted 3/12/07 with diagnoses including Hypertension, Atrial fibrillation, Coronary Artery Disease, Diabetes Mellitus, History Memory Loss. There was no documentation of an annual physical examination. The most recent documented physical examination was dated 4/2/07.</p> <p>Resident #23</p> <p>Resident #23 was admitted 2/10/99 and readmitted 4/22/08, with diagnoses including COPD, Hypertension, Chronic Pain Syndrome. There was no documented evidence of tuberculin skin testing and screening completed upon readmission. The only documented tuberculin testing was a 2-step Mantoux tuberculin skin test dated 1/26/07, 0 mm results.</p> <p>Resident #25</p> <p>Resident #25 was admitted 12/26/02 with</p>	YA930	<p>YA930</p> <p>An annual physical examination was completed on Resident #16 on 2/11/08 (Exhibit D-9).</p> <p>An annual physical examination was completed on Resident #17 was completed on 11/21/08 (Exhibit D-10).</p> <p>An annual physical examination was completed on Resident #22 on 10/10/08 (Exhibit D-11).</p> <p>An annual examination was completed on Resident #23 on 10/29/08 (Exhibit D-13).</p>	

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LAS VEGAS, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2481AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/09/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATRIA SUTTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3185 E FLAMINGO ROAD LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
YA930	Continued From page 11  diagnoses including Atrial Fibrillation, Osteoporosis, Recent Right Hip fracture status post ORIF (Open Reduction Internal Fixation). There was no documentation of an annual physical examination. The most recent documented physical examination was dated 5/1/07.  Severity: 2                      Scope: 3	YA930	YA930  An annual examination was completed on Resident #25 on 10/17/08.   Resident #4 had the required annual TB symptoms check on 1/04/08 (Exhibit E-1)  Resident #23 had the required annual 2-step TB test on 11/14/08 (Exhibit E-2).  The Regional Assisted Living Director will regularly monitor the resident files of the Facility to ensure compliance with the regulatory requirement of annual physical examinations and TB testings for all residents.	

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If continuation sheet 12 of 12